

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/19/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE COMMONS AT BRIGHTMORE

2320 FORTY-FIRST STREET
WILMINGTON, NC 28403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments	C 000		
	Report of Biennial Construction Survey by Dennis Harrell on 5-19-2016. Records indicate this facility was first licensed on 8-24-1987, with additions to the Azalea wing starting on 8-21-1990, and Magnolia wing on 2-11-1991. The facility is currently licensed for 201 residents, with 35 allocated for the Paraklay SCU which was submitted for licensure on 7-17-1997. Based on this information we are requiring the original facility to meet the 1987 Rules for Homes for the Aged and Disabled Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1978 NC State Building Code. The Special Care Unit must meet the 1996 Rules for Homes for the Aged and Disabled Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1996 NC State Building Code Volume I, Section 409.			
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows; (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

4400

LUL121

If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/19/2016
NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403		
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C 101	Continued From page 1 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation, the <u>Linen rooms on Azalea Hall</u> and <u>Oleander Hall</u> were not sprinkler protected. This facility enjoys the Building Code advantages of being "fully sprinklered" which requires a sprinkler head in every space.	C 101	<i>see attachment ①</i>	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (a) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the toilet in the Magnolia Spa.	C 133	<i>Hand grip has been installed</i>	<i>6/14/16</i>
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

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C 166	Continued From page 2	C 166		
	This Rule is not met as evidenced by: 1. Based on observation, there was storage far in excess of what would normally be found in a bedroom in Bedroom 89. The storage must be reduced to no more than would normally be found in a bedroom or the room must be upgraded to meet the requirements for storage rooms found in the 2012 NC State Building Code.	C 166 ①	only established storage areas to be used for storage. Random checks will be done by maintenance Furniture Not being Removed from Room	6/22/16
	2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include: Items had been stacked almost to the ceiling in Mech Room III across from the beauty salon on Oleander Hall.	C 166 ②	Storage will be at least 18" below sprinkler heads. Random checks will be done by maintenance Items Removed from Rm. (Mech Room III)	6/16/16
	3. Based on observation, a 3 inch sewer line was properly capped and sealed in the storage room in the Cafe area. Improperly sealed sewer lines allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 166 ③	SEWER LINE CAPPED & SEALED	5/21/16
	4. Based on observation, there was an extension cord being used for permanent wiring and extending through a wall. Extension cords must not be used for permanent and must never penetrate a wall.	C 166 ④	EXTENSION CORD REMOVED HOLE SEALED	5/21/16
C 169	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical,	C 169		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL085002

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

05/19/2016

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C 189	Continued From page 3 mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the battery powered emergency light in the corridor near the laundry would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. One smoke barrier door near room 54 not closing completely and latching. b. One smoke barrier door near room 58 will not latch when closed. c. Both smoke barrier doors near room 73 will not latch when closed. d. Door to break room on Magnolia Hall was disabled from latching. e. Door to soiled linen room on Magnolia Hall not fitting the opening well enough to be resistant to the passage of smoke. f. Door to Bedroom 36 not fitting the opening well enough to be resistant to the passage of smoke. g. Door to Bedroom 105 not fitting the opening well enough to be resistant to the passage of	C 189		
		C 189 ①	CORRECTED - light changed	6/26/16
		C 189 ③ A	DOOR WAS ADJUSTED AT Hinge is now closing properly Attachment # 3, #11	6/2/16
		C 189 ③ B	DOOR ADJUSTED is now latching properly Attachment # 3, #11	6/2/16
		C 189 ③ C	BOTH SMOKE DOORS HAVE BEEN ADJUSTED now latching properly Attachment # 3, #11	6/2/16
		C 189 ② D	DOOR REMOVED FROM latch = DOOR ADJUSTED AND REATCH - latching properly Attachment # 3, #11	6/2/16
		C 189 ② E	DOOR ADJUSTED - sealing properly	6/2/16
		C 189 ② F	DOOR ADJUSTED - sealing properly	6/2/16
		C 189 ② G	DOOR ADJUSTED - sealing properly	6/2/16

Division of Health Service Regulation

TR FORM

6099

LUL121

If continuation sheet 4 of 6

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C 189	Continued From page 4	C 189		
	smoke.			
	3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:			
	a. Hole in the ceiling of Mech RM 5,	C 189 (3) A	PENETRATION IN CEILING SEALED WITH 3M FIRE BARRIER RATED FOAM	5/30/16
	b. Hole at the gas line in the laundry ceiling,	C 189 (3) B	PENETRATION NEXT TO GAS LINE SEALED WITH 3M FIRE BARRIER CAULK & PROPER ESCUTHEON	5/24/16
	c. Portion of wall removed in the resident laundry in Memory Care,	C 189 (3) C	PORTION OF WALL REINFORCED & SEALED	5/25/16
	d. Hole in riser room,	C 189 (3) D	2 HOLES SEALED IN RISER ROOM WITH 3M FIRE BARRIER CAULK	6/23/16
	e. Holes above the electric panel in the electrical room behind the kitchen,	C 189 (3) E	HOLES AROUND CONDUIT SEALED WITH 3M FIRE BARRIER RATED FOAM	6/1/16
	f. Unsealed penetration in ceiling of med room in Memory Care,	C 189 (3) F	CAMERA CONDUIT RE-SEALED WITH 3M FIRE BARRIER CAULK	5/21/16
	g. Hole and unsealed penetration in wall of Spa in Memory Care,	C 189 (3) G	HOLES IN WALL DRYWALL REPAIRED - SEALED	6/20/16
	h. Ceiling damaged in Mech Room II,	C 189 (3) H	CEILING REPAIRED - SEALED	6/20/16
	i. Hole in wall in Mech Room III across from beauty salon,	C 189 (3) I	HOLES IN WALL SEALED WITH 3M FIRE BARRIER CAULK	5/21/16
	4. Based on observation the required one-hour fire rated ceilings were compromised by improperly fitting or missing sprinkler escutheons in the following locations,			
	a. Pantry,	C 189 (3) A	ESCUTHEON ADJUSTED	5/30/16
	b. Riser room,	C 189 (3) B	ESCUTHEON ADJUSTED	5/30/16
	c. Janitor closet in Memory Care,	C 189 (3) C	ESCUTHEON ADJUSTED	5/21/16
	d. Corridor near room 74,	C 189 (3) D	ESCUTHEON ADJUSTED	6/20/16
	e. Storage room near room 67 on Magnolia Hall.	C 189 (3) E	ESCUTHEON ADJUSTED	6/20/16
	5. Based on observation, the exit gate from the courtyard in Memory Care is hard to open when the magnetic lock is released. A hard to open exit gate could delay or prevent an evacuation in an emergency.	C 189 (3) F	SEE ATTACHMENT #1 HIGH	
		C 189 (3) G	DOOR ADJUSTED SEE ATTACHMENT #2 NOW CHECKED WEEKLY	6/20/16

Division of Health Service Regulation
STATE FORM

6899

LUL121

If continuation sheet 5 of 6

Attachment #1

F.T.I.

Fire Technologies, Incorporated
4424 Castle Hayne Road
P.O. Box 134
Castle Hayne, North Carolina 28429
Phone (910) 675-0099 Fax (910) 675-1116
North Carolina License No. 30760-PS
Virginia License No. 27-05075629

June 28, 2016

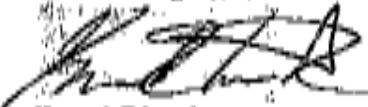
The Commons at Brightmore
2324 41st St
Wilmington, NC 28403

RE: Fire Sprinkler Service Work Schedule

Dear Alton,

Per your request, this letter is letting you know that Fire Technologies, Inc. will perform the sprinkler service (adding 2 dry pendent sprinklers in closets, and adding ascutcheon plates to 2 sprinklers) by the end of the day Friday July 8th, 2016. Should you have any questions, feel free to give us a call.

Respectfully,
Fire Technologies, Inc.



Kenneth Edwards
Representative

"Yesterday's Quality with Today's Technology"
"Serving North Carolina, South Carolina and Virginia"

Attachment # 2

PREVENTIVE MAINTENANCE COMMON AREAS	
Checklist to be completed weekly	
	Checked Comments
Hallway Lighting	
Common Area Lighting/Lamps	
Doors/Door Closures	
Door Alarms	
Electrical Outlets	
Blinds/Drapes	
Temperature/Hallway	
Temperature/Offices/Rooms	
Bathroom Exhaust System	
Privacy Curtains	
Plumbing/Sinks	
Boilers/Boiler Rooms	
Mechanical/Electrical Rooms	
Janitor Closets	
Supply Closets	
Bathroom Fixtures	
Shower Room Fixtures	
Dining Room Tables/Chairs	
Kitchen(Per Maintenance Manual)	
Laundry (Per Maintenance Manual)	
Common Area Furnishings	
Sign Age	
Floors/Carpet/Tile	
Windows	
Ceilings	
Walls/Baseboards/Etc	
Nurse Calls/Emergency Stations	
PARKING COURTYARD GATE	
Date	
Service Performed By	

Attachment # 3

REPORT OF MONTHLY FIRE DRILL

DRILL CONDUCTED ON

Circle One

SHIFT: 7-3

3-11

11-7

DATE

FACILITY

TIME

NOTIFY THE FIRE DEPARTMENT ONLY BEFORE CONDUCTING DRILL
CHECK RESPONSE OF EMPLOYEES AND RESIDENTS.

FILL IN BEFORE DRILL

1. What is the simulated situation: Fire and/or smoke location: Kitchen, dining, lobby, office, room #, etc. _____
2. What is the extent of smoke: Noxious, whole room, corridor, light, heavy, smoldering, etc. _____
3. What is extent and type of fire: Bed, wastebasket, kitchen range, etc. Small, controllable, large, explosion, Wood, paper, electrical, etc. _____

FILL IN DURING DRILL

1. Who discovered situation and when? _____
2. What action was taken? _____
3. Did staff use proper judgement? _____
4. Did staff notify another staff member of situation? _____
5. Who sounded the fire alarm & when? _____
6. Was announcement made over the intercom? _____
7. Was fire drill called into fire station (simulated) _____
When? _____
8. Were patients in halls removed to an area of safety? _____
9. Were all halls, corridors, and other means of egress maintained clear and free of fixed obstruction? _____
10. Were all corridor doors closed? _____
11. Were smoke doors closed and latching? _____
12. Who responded to fire, with what equipment? _____
13. Were gas & electricity turned off & by whom? _____
14. Was fire isolated? Doors closed, windows closed? _____
15. Were exits monitored by staff? _____
16. Was smoke compartment evacuated? _____
17. Was building evacuated? _____
18. Was fire extinguished by staff or fire department? _____
19. Who sounded "All Clear"? _____